

STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

COBRA RATES FOR AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

LOCAL MONTHLY ACTIVE GROUP - LOCAL EDUCATION EMPLOYERS

Rates Effective 3/1/2009 to 12/31/09

(FOR EMPLOYERS WITH A SEPARATE PRESCRIPTION DRUG PLAN)

PLAN NAME	TYPE OF CONTRACT			
	Single	Member & Spouse*	Family*	Parent & Child
NJ DIRECT15 - #150	\$125.54	\$282.48	\$313.86	\$175.76
NJ DIRECT10 - #050	\$131.88	\$296.73	\$329.70	\$184.62
AETNA HMO - #019	\$125.38	\$282.11	\$313.46	\$175.53
CIGNA HEALTHCARE HMO - #020	\$126.63	\$284.93	\$316.59	\$177.29
PRESCRIPTION DRUG PLAN - #201	\$43.33	\$97.49	\$108.32	\$60.66

*Rates above are for subsidy eligible member and dependents. Rate will vary where dependent(s) are not subsidy eligible.

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LOCAL MONTHLY ACTIVE GROUP - LOCAL EDUCATION EMPLOYERS
Rates Effective 3/1/2009 to 12/31/09
(FOR EMPLOYERS **WITHOUT** A SEPARATE PRESCRIPTION DRUG PLAN)

PLAN NAME	TYPE OF CONTRACT			
	Single	Member & Spouse*	Family*	Parent & Child
NJ DIRECT15 - #150	\$150.65	\$338.97	\$376.64	\$210.91
NJ DIRECT10 - #050	\$158.25	\$356.07	\$395.64	\$221.56
AETNA HMO - #019	\$159.23	\$358.29	\$398.10	\$222.93
CIGNA HEALTHCARE HMO - #020	\$160.83	\$361.87	\$402.08	\$225.16

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STATE HEALTH BENEFITS PROGRAM - SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM

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CHAPTER 172 PART-TIME LOCAL MONTHLY COBRA GROUP
Rates Effective 3/1/2009 to 12/31/09

PLAN NAME	TYPE OF CONTRACT			
	Single	Member & Spouse*	Family*	Parent & Child
NJ DIRECT15 - #150	\$137.85	\$310.17	\$344.64	\$192.99
PRESCRIPTION DRUG PLAN - #201	\$47.57	\$107.05	\$118.95	\$66.61

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COBRA RATES FOR AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)

**DENTAL RATES
LOCAL MONTHLY ACTIVE GROUP
LOCAL GOVERNMENT AND EDUCATION EMPLOYERS
Rates Effective 3/1/2009 to 12/31/09**

PLAN NAME	TYPE OF CONTRACT			
	Single	Member & Spouse*	Family*	Parent & Child
DENTAL EXPENSE PLAN - #399	\$14.75	\$25.64	\$41.95	\$31.08
<u>DENTAL PROVIDER ORGANIZATIONS (DPO):</u>				
BENECARE - DPO #301	\$8.98	\$15.61	\$25.55	\$18.92
COMMUNITY DENTAL - DPO #302	\$8.57	\$14.91	\$24.38	\$18.06
CIGNA - DPO #305	\$7.70	\$13.40	\$21.92	\$16.24
HEALTHPLEX - DPO #307	\$7.63	\$13.26	\$21.70	\$16.07
HORIZON DENTAL CHOICE - DPO #317	\$6.98	\$12.13	\$19.85	\$14.71
AETNA DMO - DPO #319	\$7.62	\$13.26	\$21.70	\$16.08

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